

2019 Statement of Income and Expenses for LOBBYISTS

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APR 2.4 2019

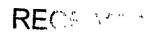
NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE (RSA Chapter 15) PLEASE PRINT

I. Name of Lobby	yist(s) Matthew Ma	agner		
II. Name of lobby	yist's partnership, firm or	corporation, if any:		
	Nationa	I Community Pharmac	ists Association	
	(Name of partnership, firm or	corporation)		
10	0 Daingerfield Road	Alexandria.	VA	22314
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(70 3) <u>600.1186</u>)	e-mail matthew.m	agner@ncpanet.org
(Telepho	ne)	(Fax)		_
III. This stateme	nt covers: (Choose one – f	ile separate reports for	each client, OR you ma	y file a separate report
reportable expen	se transactions which are	not attributable to any	one client).	
X All reportable	transactions occurring in th	e months prior to the rea	norting date relative to the	e following client:
zs /mreportable	_		-	i iono mig enem.
		I Community Pharmac		
OR	(Full Name of Client as	it appears on the Lobbyist	Registration Form)	
	transactions by the lobbyist	(including the lobbyist)	s family) or the lobbying	firm listed below which
unrelated to any p		(metading the root) is:		
IV. Date of Repo			July 31, 2019 🗍	
Reports cover:	activity from date of registrati	_	vity from 4/1/19 to 6/30/19	
	October 30, 2019 activity from 7/1/19 to 9/		January 29, 2020 [] ivity from 10/1/19 to 12/31/	710
	activity from 7/1/19 to 97.	JW19 uci	ivay jrom 10/1/19 to 12/31/	17
	been no fees received an ked, complete just this form 01.			
VI. Check if addi	itional reports are attache	d:		
	ceived fees or made expend		dendum A- Fees and Ex	penses
☐ If you have pa Expense Reimbur	aid an honorarium or reimb sement	ursed expenses, you mus	t file Addendum B- Rep	oort of Honorariums or
☐ If you, your fi	irm, or your family has mad	le political contributions	, you must file Addendu	m C- Political Contribut
I have read RSA I	t/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C a ne best of my knowledge an	nd RSA 664 and hereby	swear or affirm that the f	oregoing information is t
mal	Mu		4/27/16	
(Signature of lob	byist)		$\frac{4/27/19}{\text{(Date)}}$	e)
	thew Magner			
(Print Name of Ic				

S E R N

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

APR 2 4 2019

(RSA Chapter 15:6)

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Matthew Magner	
II. Name of lobbyist's partnership, firm or corporation, if any:	
National Community Pharmacists Association	
(Name of partnership, firm or corporation)	
III. Name of Client National Community Pharmacists Age	(in Date 4/22/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>0.00</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 100.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0.00</u>
f) Total of all expenses year to date	f) \$ 0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$ <u>0.00</u>
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist)	4/22/19 (Date)
(Signature of lobbyist)	(Date)
Matthew Magner	
(Print Name of lobbyist)	

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